



City of Seattle
Human Services Department
Utility Discount Program

STATEMENT FROM
LANDLORD/TENANT

By signing below, I authorize my Landlord/manager
to release my rental information below.

Tenant signature

x _____

PROPERTY OWNER OR AUTHORIZED MANAGER: Complete all sections below with only the information you know to be true. Write "unknown" to questions you can't answer. (Do not leave any box blank.)

A. Rental or leased unit and tenant information

1. STREET ADDRESS APARTMENT (APT) NUMBER		5. NAMES OF ALL ADULTS AND CHILDREN LIVING AT THIS ADDRESS
CITY	STATE	ZIP CODE
2. TENANT'S NAME		
3. DATE MOVED IN	4. TYPE OF RESIDENCE House <input type="checkbox"/> Apt <input type="checkbox"/> Duplex/Triplex <input type="checkbox"/> Condo <input type="checkbox"/> Mobile Home <input type="checkbox"/>	Attach more pages if needed.

B. Rent information

6. TOTAL RENT AMOUNT \$ _____	7. NAME OF PERSON(S) PAYING THE RENT
8. PLEASE ANSWER THE FOLLOWING QUESTIONS: Does the tenant pay only a portion of the amount in box 6? <input type="checkbox"/> No <input type="checkbox"/> Yes, amount: \$ _____ If yes, who pays the additional rent _____ Does the tenant work for a portion of the amount in box 6? <input type="checkbox"/> No <input type="checkbox"/> Yes, amount: \$ _____ 9. Is the rent subsidized by (check applicable box below): <input type="checkbox"/> Seattle Housing Authority <input type="checkbox"/> King County Housing Authority <input type="checkbox"/> HUD <input type="checkbox"/> Section 8 <input type="checkbox"/> Shelter+Care <input type="checkbox"/> Senior Bond Housing no Section 8 10. Does the tenant receive <u>any form</u> of deduction from the GROSS rent for a utility allowance, deduction or utility credit <input type="checkbox"/> Yes <input type="checkbox"/> No	

10. LANDLORD/MANAGER'S NAME		11. Property Owner's Name (If different from Landlord/Manager)
STREET ADDRESS OR PO BOX NUMBER		OWNER'S NAME
CITY		STATE
ZIP CODE		STREET ADDRESS OR PO BOX NUMBER
CONTACT TELEPHONE NUMBER		CITY
		STATE
		ZIP CODE
LANDLORD/MANAGER SIGNATURE	DATE	WORK TELEPHONE NUMBER
x _____		

Submit this Application to: **Seattle Human Service Dept. - UDP**

810 - 3rd Ave, Suite 350

Seattle, WA 98104

Fax Number: (206) 621-5012 Telephone Number: 206 684-0268